


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 19, 2005 08:00 AM
Secretary of State

DOCUMENT # F97000005375		
1. Entity Name PENN INDUSTRIES, INC.		
Principal Place of Business 109 N PENNSYLVANIA OKLAHOMA CITY, OK 73107	Mailing Address 109 N PENNSYLVANIA OKLAHOMA CITY, OK 73107	
DO NOT WRITE IN THIS SPACE		



05112005 No Chg-P CR2E034 (10/03)

4. FEI Number 73-1095105	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent VALDES, JOSEFINA 4100 N POWERLINE RD. BUILDING G2 POMPAÑO BEACH, FL 33073

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PENN, MICHAEL W 4045 LOMBARDY LANE OKLAHOMA CITY, OK 73112
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST PENN, VIRGINIA 4045 LOMBARDY LANE OKLAHOMA CITY, OK 73112
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:  Michael W. Penn 5/16/05 800 749 3924
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #